

Bureau of Clinician Recruitment and Service

Dear Loan Repayment Participant:

Thank you for your continued dedication to improving the health of the Nation's underserved. Your service through the National Health Service Corps (NHSC) has made access to quality health care a reality for the most vulnerable members of your community. Our records indicate that you will be completing your NHSC Loan Repayment Program (LRP) commitment between October 1, 2009 and September 30, 2010 (Fiscal Year 2010). We hope that you will consider continuing to provide health care to the underserved.

If you are planning to remain at your current site, you may be eligible to amend your NHSC LRP contract. By amending your contract, you will be agreeing to continue your NHSC service commitment for one (1) year, and the NHSC agrees to continue to make payments to you towards the repayment of your qualifying educational loans. Approval of amendment requests is subject to the availability of appropriated funding.

In Fiscal Year 2010, the deadline for submission of the amendment application is 120 days (4 months) prior to your current contract end date.

Amendment applications **must** be postmarked no later than **120 days prior to the NHSC service end date** reflected in our records in order for the NHSC to guarantee sufficient processing time. Due to processing constraints, amendment applications received after the deadline may be denied. If you are unsure what your NHSC service end date is, please contact the analyst for the State in which you practice. A list of analysts and the States they represent maybe accessed via this link www.nhsc.hrsa.gov . To access and download the NHSC LRP Amendment application instructions and documents once on the web site, please choose the “**Loan Repayment**” tab at the top of the webpage, then choose the “**Serve Longer**” tab and select the next steps toolbar on the right side of the web page.

Thank you again for your service to the underserved. If you have any questions, please contact the NHSC Loan Repayment Branch at 1-800-221-9393 or nhscrlp@hrsa.gov during the office hours of 8:30 a.m. to 5:00 p.m. ET.

Sincerely yours,

National Health Service Corps
Loan Repayment Branch
Division of Applications and Awards

Enclosures
(Rev. 06/09)

**Applying for an Amendment of an Existing
National Health Service Corps
Loan Repayment Program Contract**

1. **Deadline** - Your National Health Service Corps (NHSC) Loan Repayment Program (LRP) amendment application must be postmarked no later than **120 days (4 months) prior to the end of your current service commitment**. If you do not submit your application at least **120 days** before the end of your current service commitment, based on the end date currently reflected in our records, the NHSC program cannot guarantee your application will be processed and may result in your application being denied. If you are unsure what your NHSC service end date is, please contact the analyst for the state in which you practice. A list of analysts and the states they represent maybe accessed on the NHSC Website at www.nhsc.hrsa.gov. Choose “**Loan Repayment**” next choose “**Serve Longer,**” and select the next steps toolbar on the right side of the web page and select “State Analyst(s) List.”
2. **Benefits** - Effective October 1, 2009, award amounts for NHSC LRP amendment contracts will be as follows:
 - For a 3rd year of assistance, participants will receive up to \$35,000
 - For a 4th year of assistance, participants will receive up to \$35,000
 - For a 5th year of assistance, participants will receive up to \$25,000
 - For a 6th year of assistance, participants will receive up to \$20,000
 - For years 7 and beyond, participants will receive up to \$15,000

All NHSC LRP funds disbursed on or after January 1, 2004, are tax exempt. As a result, tax assistance is no longer provided by the NHSC. NHSC LRP contract amendment awardees will receive the applicable amount set forth above, or the outstanding amount of all qualifying educational loans (whichever is less). The award will be paid in one lump sum approximately **90 days** after the beginning of the service obligation period.

Benefits and eligibility requirements for NHSC LRP contract amendments may change in future years. There is no guarantee that future contract amendments will be available.

USE OF NHSC LRP FUNDS – All loan repayments received by a participant **MUST** be used by the participant to repay balances for qualifying educational loans **within 30 days** of receipt of funds. The applicant may be responsible for any interest calculated beyond the 30-day period. NHSC LRP funds received by a participant may not be used to pay taxes or other debts. A payment history will be required within 45 days of making payments. The payment history should be mailed to the NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

3. **Eligibility** – The following conditions must be met in order for a current NHSC LRP participant to amend their NHSC LRP contract.

- a. **Site Eligibility** – The site where you currently practice must be approved by the NHSC and continue to be located in and serving a federally designated health professional shortage area (HPSA).
- The site must continue to be in compliance with all NHSC requirements, i.e., must have a **current** Recruitment and Retention Assistance Application on file with and approved by the NHSC.
 - The current HPSA must be in a designated status at the time the amendment application is reviewed. (**NOTE: BE AWARE OF THE HPSA STATUS.**) Generally, HPSAs are updated every 3 years. If the HPSA was withdrawn, proposed for withdrawal or updated information was not provided to continue the designation, the applicant will not be eligible for an amendment. The original HPSA could also have been replaced with a different HPSA designation. In this case the site would qualify, since it has a current HPSA designation. Please keep in mind that automatic HPSAs would also qualify the site as an eligible NHSC LRP amendment site. Automatic HPSAs are afforded to all Federally Qualified Health Centers (FQHCs) including Look-a-Likes, and those certified rural health clinics that have been approved for an automatic HPSA.
 - Questions regarding the current HPSA status for your site can be directed to the State Primary Care Office. For a listing of contact information for the State PCOs, please check the NHSC Web site at www.nhsc.hrsa.gov and click the “Links” left navigation button, Directory of Primary Care Offices, or call 1-800-221-9393 for assistance.
- b. **Appropriate Use of Prior Loan Repayment Funds** - All loan repayments received under the previous NHSC LRP contract(s) must have been applied to reduce the qualifying graduate and undergraduate educational loans approved under the initial contract. The loans that were approved for payment by the NHSC were listed on the payment worksheet provided with your most recent NHSC LRP award letter. In order to confirm that all prior LRP funds were appropriately applied, a detailed payment history from the lender for each qualified approved loan must be submitted with your amendment application. The payment history must reflect the Lender’s name, the account holder’s name, and the account number; the Lending institution must provide a current loan balance to the NHSC. Cancelled checks and bank statements cannot be used to confirm that funding was applied to the qualifying loans.
- c. **Debtors with Judgment liens for Federal Debts are precluded from receiving financial assistance under the LRP** – Please be advised that a credit check will be conducted as part of the application process.

*Payment histories **must** be submitted with the application at least **120 days** prior to the service end date in order for the NHSC to have sufficient time to review and process the amendment application. Please be advised that payment histories take 30 or more days to obtain from the lenders, therefore to ensure it is received in a timely manner you should request your payment histories prior to your 120 day deadline so that it may be submitted along with your amendment application. Please note that many payment histories can also be printed directly from the lender's website.*

d. **Continued Compliance with NHSC Full-time Service Requirements** – You must continue to meet all other eligibility criteria for participation in the NHSC LRP and be in full compliance with your existing NHSC LRP service commitment. If you are unable to maintain the service requirements of your NHSC LRP contract, for any reason, please notify the Division of Scholar and Clinician Support (DSCS), Clinician Service Support Branch (CSSB) immediately in writing at 5600 Fishers Lane, Room 8-15, Rockville, Maryland 20857, or by phone at 1-800-221-9393.

- Continued provision of full-time clinical services in an outpatient setting, as defined in your original contract, is required.
- All 6 month service verification forms must have been submitted and entered into the NHSC system. If you have outstanding 6 month verification forms, please contact the NHSC Division of Scholar and Clinician Support at 1-800-221-9393.

4. **Application Instructions** – If you desire to extend and amend your current NHSC LRP Contract please download the forms from our website at www.nhsc.hrsa.gov, Choose “**Loan Repayment**” next choose “**Serve Longer**,” and select the next steps toolbar on the right side of the web page. Complete and return the following documentation to the Division of Applications and Awards, NHSC LRB, 5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857.

- a. **Contract to Extend and Amend the NHSC LRP Contract.** Sign and date the contract.
- b. **Loan Information and Verification Form(s).** Your loan balances will be verified by the NHSC.
- c. **Verification of Employment Intentions Form.** Complete and sign.
- d. **Payment Histories.** In order to review an amendment application, documentation **must** be provided to confirm that all disbursed NHSC LRP funds have been used to repay qualifying educational loans that were approved as part of your most recent NHSC LRP award, (except as noted below). Canceled checks and bank statements cannot be accepted as proof that loan payments were properly applied. A payment history must be provided for each qualified and eligible loan that was approved as part of your most recent NHSC LRB award. In addition:

- The payment history must include the lender's name, the account holder's name, and the loan account number, and must reflect all payments made during the contract period.
 - The payment histories must show that all NHSC LRP funds received have been paid toward your qualifying approved loans. The only exception is where the payment history reflects a regularly scheduled monthly payment amount that will continue to be made over the remainder of the NHSC LRP contract period. Except for an amount needed to cover regularly scheduled monthly payments, all NHSC LRP funds must be reflected as having already been disbursed toward your eligible loans on the payment history submitted with your application.
 - Consolidated Loans - If you consolidated your loans during the current contract period, the loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates are required. If you consolidated your loans and we do not receive the itemized loan list, we will not be able to give you credit for payments made toward those loans. If you consolidated your eligible approved loans with unapproved or ineligible debt, we cannot give you credit for payments made toward the consolidated loans.
- e. **State License.** A copy of your current, valid, unrestricted license with the expiration date from the State in which you are working.
- f. **NHSC Online Banking Submission** – Individuals applying for an amendment are *required* to electronically submit the BCRSIS Banking Information (banking form for the direct deposit of loan repayments) to a savings or checking account only. To access the electronic BCRSIS Banking Information Submission form, go to the following address: [HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX](https://nis.hrsa.gov/banklogin.aspx) You must print out the online BCRSIS Receipt of Banking Information Submission (confirmation form) and submit copy of the receipt with your application. Failure to complete the online banking submission form, or to advise our office of changes to the information provided, will delay or prevent you from receiving your NHSC LRP funds. NOTE: If you are unable to print a copy of the “BCRSIS Receipt of Banking Information Submission,” or need to update your banking information during the year, please go to our website at <http://nhsc.hrsa.gov/applications/lrp/> and click on the Standard Form 1199A (Direct Deposit Form) link on the left side of the page.
- g. **Certification Regarding Debarment, Suspension, Disqualification and Related Matters** – The receipt of funding under the NHSC LRP is a “covered transaction” pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a LRP contract, the applicant is required, under Subpart C of Part 180, to report certain information which is described in the “Certification Regarding

Debarment, Suspension, Disqualification and Related Matters”. The applicant should sign the Certification that is applicable to his/her situation. Individuals who are currently excluded (suspended or debarred) or disqualified by a Federal Agency from participating in covered transactions are ineligible to receive an award under the NHSC LRP. (Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NHSC LRP, based on the Program’s consideration and evaluation of the applicant’s circumstances.) As a condition of participating in the NHSC LRP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to DAA if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changes or circumstances.

h. Authorization to Release Information - Complete and sign.
Any applicant applying for NHSC LRP award is subject to employment verification and credit review for judgments and liens, excluded parties lists and National Practitioner Data Bank review.

i. Checklist. Be sure to enclose the signed checklist showing that all required documents have been included with the amendment application.

- 5. Notifications** – If you are approved for an NHSC LRP Contract Amendment, you will be notified in writing of your contract start and end date, and the loan repayment amount you are awarded. A copy of the Amendment Contract will be enclosed. The Contract Amendment service obligation period must begin immediately following the completion of the current service commitment. **No break in service between your current contract and the Contract Amendment.** You will be notified via e-mail and mail if you have been disapproved for a contract amendment and the reason why. Please ensure that your contact information is accurate and that you let us know immediately when your contact information changes.
- 6. Effective Date** - The Contract Amendment will not become effective until the participant has fully completed the current NHSC LRP service obligation.
- 7. Questions** - If you have any questions, please contact the analyst for your state at 1-800-221-9393 during the office hours of 8:30 a.m. to 5:00 p.m., ET or for their direct extension please visit our website at www.nhsc.hrsa.gov. Choose “**Loan Repayment**” next choose “**Serve Longer**,” and select the next steps toolbar on the right side of the web page and select “State Analyst(s) List.” You may also write to us at nhscrlrp@hrsa.gov or at the following address: Division of Applications and Awards, NHSC Loan Repayment Branch, 5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857.

Instructions: Please print, sign and mail this form back with your application packet

Authorization to Release Information Form

(Print Name – First, Middle, Last)

As a National Health Service Corps (NHSC) Loan Repayment Program (LRP) applicant, I, hereby authorize:

1. The Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NHSC LRP and to verify my educational loans: my name, address(es), social security number, and other information necessary to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NHSC LRP, and to determine the eligibility of my educational loans for repayment under the NHSC LRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
3. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties System List.
4. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of obtaining the National Health Practitioner Data Bank and Healthcare Integrity Protection Data Bank Reports to determine my eligibility requirement of satisfactory professional competence and conduct.
5. Any program to which I owe a health profession service obligation to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I receive an NHSC Loan Repayment Program Amendment Contract, this authorization shall remain in effect until the date my NHSC Loan Repayment Program obligation has been fulfilled or this authorization is revoked by me in writing

(Signature of Applicant)

(Date)

(Please Print Name)

(Revised 06/09 – DAA, BCRS, HRSA, DHHS)

**BUREAU OF CLINICIAN RECRUITMENT AND SERVICE
DIVISION OF APPLICATIONS AND AWARDS
NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM
AMENDMENT APPLICATION
FY 2010 - CHECKLIST**

You must initial each item on this Checklist, and sign and date the Checklist below. Return the Checklist with your Amendment application. Keep a copy of the Amendment application for your records, and submit the original. No application material will be returned to the applicant.

Failure to submit all documents by the application deadline will result in denial of your application.

- _____ 1. Signed and dated NHSC Amendment Contract.
- _____ 2. Copy of current license from the State in which you are serving.
- _____ 3. Completed Loan Information and Verification Forms for each loan for which you are seeking repayment assistance from the NHSC LRP.
 - If you consolidated your loans during the current contract period, you must provide us with the loan documents, including the lending institution's list of loans included in the consolidation. If you consolidated your loans and we do not receive the itemized loan list, we will not be able to give you credit for those loans.
 - Copy of Payment History. Payment history must reflect the Lender's name, the account holder's name, and the account number.
- _____ 4. Copy of BCRSIS Receipt of Banking Information
- _____ 5. Completed Verification of Employment Intentions Form
- _____ 6. Completed, Signed and Dated Certification Regarding Debarment, Suspension, Disqualification and Related Matters form.
- _____ 7. Signed and dated Authorization to Release Information

"I certify that the information given in this application and all the documents listed above is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient for rejection of this application, or, if awarded loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)."

Name (Please Print)

Date

Signature

Revised 6/09 –DHHS,HRSA,BCRS,NHSC,AAB
O.M.B.: 0915-0127 Expiration August 31, 2010

INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete a Loan Information and Verification Form for each loan you wish the NHSC LRP to consider for repayment. This form authorizes your lender to release information about your loan to the NHSC LRP. These forms must be enclosed with your application.

You are required to send in documents verifying your loans. This includes a copy of the original loan applications, a copy of the promissory notes, disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursements, and the type of loan.

In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application submission. Loans without the required loan documents will be ineligible.

Do not send the Loan Information and Verification Form to your lender. The NHSC LRP will contact your lenders as necessary to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your educational loans you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach a separate sheet of paper with this information to the loan form. This list should include the original disbursement date, the amount, and the loan type.

NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition;
- b. other reasonable educational expenses (see Definitions, Section B); and
- c. reasonable living expenses (see Definitions, Section B)

The tuition and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, NO portion of the consolidated/refinanced loan will be eligible for loan repayment.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

LOAN INFORMATION AND VERIFICATION FORM**DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS)

DIVISION OF APPLICATIONS AND AWARDS

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM**INSTRUCTIONS:**

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the NHSC Loan Repayment Program. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder indicating your name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application. Please print clearly and complete the entire form to expedite verification. Please note that incomplete information will render your loan ineligible.

1. Applicant's Name (Last, First, Middle) _____

2. Applicant's Social Security No. _____

3. Applicant's Complete Address _____

4. Applicant's Telephone No. _____

5. Name of Lending Institution _____

5.a. Lender's Telephone No. _____

6. Loan Account No. _____

7. Full Address of Lending Institution _____

8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.

Yes No

9. Original Date of the Loan _____

10. Original Amount of the Loan _____

11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____

12. Purpose of the Loan as Indicated on the Loan Application: _____

13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____

14. Loan in Default? Yes No Date of Default: _____

15. Loan Under a Federal Court Judgment? Yes No Date of the Judgment: _____

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education pursued prior to my receipt of the degree in the health profession in which I would satisfy my NHSC LRP service commitment.

AUTHORIZATION FOR DISCLOSURE. Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 5 or 8 above to release financial records relating to the educational loan identified above to the HHS and/or its contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NHSC Loan Repayment Program. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT_____
DATE



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
Division of Applications and Awards
Verification of Current Employment for the Loan Repayment Program Contract - FY 2010

This form verifies the approved site(s) where the LRP participant currently works.

To be completed by the LRP participant:

Name of LRP Participant _____

Address _____

Phone Number (work) _____

(home) _____

(cell) _____

E-mail (work) _____ (home) _____

I certify that I am currently working full-time at the NHSC approved site(s) listed, providing direct patient care in an outpatient setting.

Participant Signature _____ Date _____

To be completed by the Authorized Official of the Site(s):

The above named Participant is fulfilling his / her NHSC service commitment at the following site(s);

Site 1 _____

Site 2 _____

Number of hours per week at site: _____

Number of hours per week at site: _____

Site Contact Person _____

Phone Number _____

Site Contact Person _____

Phone Number _____

E-mail Address _____

E-mail Address _____

Site 3 _____

Site 4 _____

Number of hours per week at site: _____

Number of hours per week at site: _____

Site Contact Person _____

Phone Number _____

Site Contact Person _____

Phone Number _____

E-mail Address _____

E-mail Address _____

If the participant is employed full-time but on extended leave, please indicate leave start date _____; leave end date _____; and reason for extended leave (e.g. maternity, deployment, medical, etc.) _____

I certify that the above named participant is currently fulfilling his / her NHSC full-time service commitment and is providing direct patient care at the NHSC approved site(s) listed and that the above information is true and correct. I am aware that reassignments or adding additional sites (within the organization) for the NHSC LRP participant identified above must receive written approval from the NHSC in advance, and all sites must be approved NHSC LRP sites PRIOR to moving the participant.

Authorized Site Official (print name) _____

Title _____

Signature _____

E-mail Address _____

Date _____

7/27/09)

(Rev.

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

Consent to Disclosure

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

Disclosure without Your Consent

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose.

Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

Exceptions

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

Transfer of Information

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

Penalties

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

Additional Information

If you have any question about your rights under this law or how to consent to the release of your financial records, you may contact: NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

**Extension and Amendment of the National Health
Service Corps Loan Repayment Contract**

FY 2010

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE
DIVISION OF APPLICATIONS AND AWARDS**

Consistent with Section E of the initial National Health Service Corps Loan Repayment Program Contract ("Loan Repayment Program Contract") entered into under section 338B of the Public Health Service Act (42 U.S.C. 254I-1) between the undersigned Loan Repayment Program participant ("participant") and the Secretary of Health and Human Services ("Secretary"), this contract extends the initial Loan Repayment Program Contract for an additional year and amends the initial Loan Repayment Contract as follows.

1. The participant agrees to serve for one (1) additional year in accordance with Section B.1.b. of the initial Loan Repayment Program Contract. The Secretary agrees to pay the participant's remaining qualifying graduate and/or undergraduate educational loans as follows:

- a. up to \$35,000 if the participant will be providing a third year of service under this contract;
- b. up to \$35,000 if the participant will be providing a fourth year of service under this contract;
- c. up to \$25,000 if the participant will be providing a fifth year of service under this contract;
- d. up to \$20,000 if the participant will be providing a sixth year of service under this contract; or
- e. up to \$15,000 if the participant will be providing a seventh or subsequent year of service under this contract.

2. The participant agrees to apply, within 30 days of receipt of funds, all loan repayments received under Paragraph 1. of this contract, to reduce the participant's qualifying graduate and/or undergraduate educational loans.

3. If the participant, for any reason, fails to complete the service obligation set forth in Paragraph 1. of this contract, he or she agrees to pay the United States an amount equal to the sum of:

- a. the total of the amounts paid by the United States to, or on behalf of, the participant under Paragraph 1. of this contract for any period of obligated service not served;
- b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
- c. interest on the amounts described in a. and b. of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;

except that the amount the United States is entitled to recover shall not be less than \$31,000.

4. The Secretary may approve the participant's request for an additional contract extension in accordance with the Secretary's established policies in effect at the time of the extension.

5. The initial Loan Repayment Program Contract is amended to confirm its provisions to the amendments made by section 202 of Public Law 101-597 and Title III of Pub. L. 107-251 relating to the National Health Service Corps Loan Repayment Program.

6. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

7. The Secretary may terminate this contract if, on or before August 17, 2010, the participant:

- a. submits a written request to terminate this Contract and
- b. repays all amounts paid to, or on behalf of, the participant under Paragraph 1. of this contract.

This contract extension is not effective until the participant has fully completed the previously contracted Loan Repayment Program service commitment and this contract has been signed and dated by the participant and the Secretary.

Applicant Name (please print):	
Applicant's Signature:	Date:
Secretary of Health and Human Services or Designee:	Date:
Revised 7/2009	

Certification Regarding Debarment, Suspension, Disqualification and Related Matters

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following 3 offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The applicant must sign the certification below which is applicable to his or her situation.

I, _____, certify that **none** of the above statements apply to me.
(Print name)

Signature

Date

OR

I, _____, certify that **one or more** of the above statements apply to me.
(Print name)

Signature

Date